

IMMUNIZATION Update

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Michigan Department
of Community Health



Jennifer M. Granholm, Governor
Janet Olszewski, Director

WHAT'S NEW

Register now for the MDCH Regional Immunization Conferences

Register today for one of these conferences at <http://register2008.mihealth.org>.

Health care providers may now complete the online registration process for the annual series of immunization conferences. Registration for the conferences began on August 1. Because of the interest in these conferences, participants are encouraged to register ASAP. (More than 600 participants registered for these conferences within the first 5 days of registration!)

A multi-page flyer about the conferences is posted on the [registration website](#). The agenda, keynote speakers' names, and an FAQ have been posted online, along with many other details.

Payment options have expanded this year. We can now accept online credit card payments this year, in addition to checks. Go to <http://register2008.mihealth.org> for more information.

FDA Approves Three New Vaccines

In April, the FDA approved Rotarix™, the second oral U.S. licensed vaccine for the prevention of rotavirus. More recently, the FDA also approved two combination vaccines. KINRIX™ protects against diphtheria, tetanus, pertussis, and polio, and Pentacel™ protects against diphtheria, tetanus, pertussis, polio, and Hib.

The Advisory Committee on Immunization Practices (ACIP) met in June and voted to approve the new vaccines for the Vaccines for Children (VFC) program. However, the new vaccines are not yet available as part of the VFC program because the federal contracts are not yet in place. Contract negotiations are in progress and it is estimated that the vaccines may be available to VFC providers within the next few months. Once the negotiations have been completed and CDC has published the recommendations for each of these new vaccines, VFC providers will receive an official e-mail from the Michigan Department of Community Health with the VFC program guidelines.

CDC will publish a "Notices to Readers" for each new vaccine explaining the use, indications and other issues. To receive CDC's Notices to Readers automatically, along with CDC's MMWR (Morbidity and Mortality Weekly Report), go to the [Free Subscription sign-up website](#) and fill in your name and email address. It's that easy!

You can also sign up to have new ACIP-VFC Vaccine Resolutions emailed to you automatically. Go to the [ACIP-VFC Vaccine Resolutions](#) website. When the website opens up, double-click on the picture of the mailbox shown in the center of the web page (it says "get email updates"). Once you have signed up, email updates will be sent to you automatically as soon as they are available.

Immunization Update 2008 Webcast

NEW DATE August 28, 12-2:30 pm

This webcast will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza and zoster vaccines, recently approved vaccines, and updates on vaccine supplies and vaccine safety. The webcast will feature a live question-and-answer session in which participants can interact with course instructors via toll-free telephone lines. Continuing education credits will be provided. For more information, go to: www.cdc.gov/vaccines/ed.

Vaccines in the Media

Scientifically unfounded vaccine stories continue to receive broad coverage in the media, stirring up fears, concerns and questions among parents. This creates a big challenge for those who follow the immunization recommendations of the Advisory Committee on Immunization Practices (ACIP).

In the past couple years, the Centers for Disease Control and Prevention (CDC) has taken an increasingly active role in assisting state health departments with responding to vaccine stories in the media. When media interviews and coverage occur, CDC sends notices of these events to the state health departments, along with talking points, fact sheets and FAQs. In turn, the Michigan Department of Community Health (MDCH) emails the information to its immunization partners throughout the state. The goal is to get the talking points and other materials into the hands of health care providers as soon as possible. Health care providers who receive these emails are better prepared to answer questions from patients, parents, or the local media.

MDCH disseminates information through a large Immunization Listserv that is maintained and administered by the Michigan State Medical Society (MSMS). Those whose email addresses are included in the Immunization Listserv are certain to be kept in the loop. However, the Immunization Listserv currently only contains 3,600 email addresses. In other words, the listserv is missing the email addresses of many health care providers in Michigan.

If this newsletter was emailed to you, that means that you are already on the Immunization Listserv. However, if you are aware of any colleagues who did not receive this newsletter, please urge them to subscribe to the Listserv today.

It's easy to sign up. Those who want to subscribe should send an email message to Marianne Ben Hamza at MBenhamza@msms.org. The word SUBSCRIBE should be entered into the SUBJECT field. (It is not necessary to type anything else in the email message.) Their email address will be added to the Listserv, and they will begin receiving vaccine-related emails from the MDCH Division of Immunization. Subscribers will also receive information about the [Michigan Department of Community Health Fall Regional Immunization Conferences](#).

Please note that subscribers to the Immunization Listserv receive these emails from either MBenhamza@msms.org or michiganimmunization@msmsnet.msms.org.

STATE NEWS

Influenza Sentinels Needed to Report on Circulating Flu Viruses

Every year, public health officials from the Michigan Department of Community Health, in cooperation with the Centers for Disease Control and Prevention (CDC) and local health departments, rely on front-line medical practitioners to act as influenza sentinels to help monitor the impact of the flu in Michigan. New sentinels are urgently needed, especially in Southeast Michigan.

Flu sentinels volunteer to report the number of cases they see each week due to influenza-like illness and collect clinical specimens from a subset of those patients for virus culture. Physicians and health care professionals in any specialty or setting - with the exception of institutionalized settings such as nursing homes or prisons - may participate.

"Influenza surveillance works when an adequate number of physicians are willing to participate and is only as good as the data they provide," says Rachel Potter, D.V.M., M.S., epidemiologist, Division of Immunization, MDCH.

For their efforts, sentinels receive free laboratory testing for 11 specimens per site per season, weekly influenza activity reports and free, hard-copy subscriptions to CDC publications *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases*. Sentinels who report regularly also receive free registration at one of eight [MDCH Regional Immunization Conferences](#).

For more information, please contact Rachel Potter at 517-335-9710 or potterr1@michigan.gov.

Adolescent immunization continues to be a public health priority

Back to school check-ups and sports physicals are an ideal time to ensure that your teen and pre-teen patients are fully immunized. Along with the previously recommended routine childhood vaccines, a few newer vaccines have been licensed in the past few years and are now recommended for pre-teens and teens. New meningococcal and pertussis vaccines are recommended for all older children and adolescents. In addition, the HPV (human papillomavirus) vaccine is now recommended for girls at 11-12 years of age.

In addition to the meningococcal and pertussis vaccines, as well as HPV vaccine, the ACIP is expanding the recommended ages for annual influenza vaccination of children to include all children from 6 months through 18 years of age, beginning with the 2008-2009 flu season. (The previous recommendation was for vaccination of children from 6 months to 59 months of age.) Even though you won't be able to administer flu vaccine to a child who is coming in for a sports physical prior to the start of the school year, this would be an ideal time to let your patients and their parents know about the expanded recommendations for flu vaccine.

A new handout aimed at teens' parents will be included in the 2008-09 school packets. Schools will have the option of sending copies of the handout home with children to give to their parents. The Michigan Department of Community Health (MDCH) and the Michigan Department of Education have also posted the handout - [Information for Parents: Human Papillomavirus, Meningococcal & Other Vaccines for Pre-Teens and Teens](#) - on their websites in addition to including it in the school packets. This

handout was developed, reviewed, and approved by MDCH and the Michigan Department of Education, as required by law (MCL 380.1177a).

MDCH also recently updated its teen brochure. [Protect Pre-Teens and Teens from Serious Diseases](#) is posted on the MDCH website and can also be ordered directly from the [MDCH Clearinghouse](#).

Sixth graders and older teens are recommended to have the following vaccines if they have not already had them:

- 1 dose of meningococcal vaccine (MCV4)
- 3 doses of human papillomavirus vaccine (HPV) – girls only
- 1 dose of tetanus, diphtheria, pertussis vaccine (Tdap)
- 3 doses of hepatitis B vaccine (hep B)
- 2 doses of hepatitis A vaccine (hep A)
- 2 doses of measles, mumps, rubella vaccine (MMR)
- 2 doses of chicken pox vaccine (var)
- At least 3 doses of polio vaccine (IPV or OPV)
- Flu vaccine every year in the fall or winter months

Some adolescents with specific health risks and social conditions may need additional vaccines such as hepatitis A, influenza and pneumococcal.

As children and adolescents come in for their well-child checkups or sports physicals, be sure to take the opportunity to assess for needed vaccines. Immunization protects the health of adolescents and their friends, families, and communities.

Training is Available for Perinatal Hepatitis B Coordinators and Case Managers

CDC recently presented a series of net conferences designed for perinatal hepatitis B prevention coordinators and case workers in state and local health departments and for those interested in learning more about the program. The net conferences provided guidance on how to successfully manage, implement, and evaluate a Perinatal Hepatitis B Prevention Program (PHBPP). The [Essentials of Perinatal Hepatitis B Prevention series](#) is posted online and consists of four stand-alone sessions, each one hour and fifteen minutes in length.

Each session includes a presentation by a perinatal hepatitis B prevention coordinator from the field.

- Session One focuses on identification of hepatitis B surface antigen (HBsAg) positive pregnant women.
- Session Two focuses on case management of HBsAg positive pregnant women, their infants, and their household and sexual contacts.
- Session Three provides guidance on the evaluation of a perinatal hepatitis B prevention program.
- Session Four discusses ways to work with delivery hospitals to prevent perinatal hepatitis B virus infection, including the universal birth dose of hepatitis B vaccine.

Continuing Education (CE) credits are available. Please register for CE credits after each session.

If you have any questions, please contact Pat Fineis at 517-335 9443, 800-964 4487 or by e-mail at fineisp@michigan.gov.

Perinatal Hepatitis B Prevention Program Manual updated

The Michigan Department of Community Health (MDCH) Perinatal Hepatitis B Prevention Program (PHBPP) Manual has been updated. The manual is divided into six different specialty areas:

- OB/GYN Providers
- Laboratories
- Hospitals
- Local Health Departments
- Family Practice Providers
- Pediatric Care Providers

The manual is posted at: www.michigan.gov/hepatitisb. If you have any questions, please contact the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Start Planning Now: Use the Flu Fighter Action Kit for Health Care Personnel

Now is the time to plan your employee flu vaccination campaign for the upcoming flu season. With the [MDCH Flu Fighter Action Kit](#), planning is easy! Available online, the kit offers a step-by-step approach, including ready-to-use materials such as planning templates, a campaign calendar and timeline, and flu educational resources to help you reach everyone in your health care organization. Remember, anyone who shares air with patients should be vaccinated against influenza.

In past flu seasons, only 42% of health care personnel were vaccinated against the flu. These rates are unacceptable. Together, we can make a difference and ensure that all health care personnel are vaccinated against the flu.

Become a Flu Fighter. Protect yourself, your colleagues, and your patients. Use these materials to implement an influenza vaccination campaign in your facility and to ensure that everyone in your organization is fully immunized.

Visit: www.michigan.gov/flufighterkit

Administering Vaccines Correctly: Use the Quick Look Handouts

The MDCH Division of Immunization has created one-page summaries of the recommendations for use of six different vaccines. The [Quick Look guides](#), which are intended to be used by health care providers, are posted on the Division's website. They cover the following six vaccines:

- A Quick Look at Using HPV4 – (updated 5/29/08)
- A Quick Look at Diphtheria and Tetanus-Containing Vaccines
- A Quick Look at Using Refrigerated FluMist (LAIV)
- A Quick Look at Using the Meningococcal Vaccines
- A Quick Look at Using Pediarix Vaccine
- A Quick Look at Using RotaTeq Rotavirus Vaccine (Rota)

Use the Michigan versions of Vaccine Information Statements (VIS)

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law in Michigan, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

For more information:

- [CDC Instructions for the Use of VIS](#)
- [Important Vaccine Information Statement \(VIS\) Facts](#)

NATIONAL NEWS

HPV Schedule Revised

Because of a recent change to the intervals of the HPV doses, the MDCH Division of Immunization updated the [Quick Look at HPV Vaccine](#). The recommendations call for a minimum interval of 24 weeks between doses 1 and 3 of HPV. A handout with the revised text is posted on the [MDCH Division of Immunization website](#).

For vaccine series that were already administered, but did not meet the minimum intervals between doses:

- If dose 1 and dose 3 were administered less than 24 weeks apart, but were at least 16 weeks apart, do not repeat the 3rd dose
- If dose 1 and dose 3 were administered less than 16 weeks apart, repeat the 3rd dose at least 12 weeks after the invalid dose
- If a woman turns 27 years of age after the first dose of HPV is administered but before the third dose is given, complete the series using the recommended intervals between doses, even if this means that the series is completed after a woman turns 27 years of age

Voices for Vaccines Act as Advocates for Immunization

Written by Every Child by Two

Immunization of children has been spectacularly successful in preventing disease throughout the world – many vaccine-preventable diseases are currently at all-time lows while childhood immunization rates are often at all-time highs.

However, as a result of our success in vaccinating children, many parents (and health care providers) no longer perceive an imminent threat from vaccine preventable diseases and may question whether it is necessary to obtain timely immunization. Although all vaccines are carefully tested to show they are safe and effective, concerns about possible side effects and whether they provide good protection are still raised from time to time and accurate information needs to be provided about them.

One thing is certain: Vaccines have saved the lives of millions of people worldwide, and there is a real risk that false information will reduce the acceptance of vaccination. In contrast to children, opportunities to prevent deaths and serious illness by immunizing adults are often wasted in many countries in the world including in the Americas and Europe where childhood programs have achieved high acceptance rates. Much work remains to be done to reach this under protected population.

Rising misplaced concerns, mostly non-science based, about the safety of immunization are threatening the gains we have made in childhood immunization. This is a global problem. Myths arising in some countries – such as MMR purportedly causing autism in the United Kingdom, or the notion that thimerosal in vaccines causes autism in the United States – can impact the attitudes and practices of others. Unfortunately, the loudest voices and most visible faces addressing immunization are often those attacking the safety of specific vaccines or those generally opposed to immunization rather than those who support vaccines' benefits. Many who work in the immunization field feel there is a need for independent, credible, science-based advocacy to prominently reflect the broad base of support for immunization amongst the populations of all countries. [Voices for Vaccines](#) intends to provide voices and faces to meet that need.

Voices For Vaccines (VfV) will:

- Provide evidence-based, accessible, and clear information about the benefits and risks of vaccines and vaccine-preventable diseases to the public, health professionals, political leaders, and their organizations
- Represent the millions of people who support immunizations by speaking with one strong voice about their value
- Seek to become the “go to” source for credible, sound information on issues relating to vaccines, vaccine preventable diseases, and immunization
- Advocate strongly to improve the woefully low adult vaccination rates found in the United States and other countries
- Translate policy for the public
- Have a large scientific advisory board comprising recognized authorities in the field
- Seek to enlist the millions of people who support immunization and give them a voice in national and international discussion about benefits and risks of immunization
- Provide the evidence base for statements regarding issues raised about vaccine safety and effectiveness
- Seek to organize and participate in congressional/governmental briefings and provide testimony as well as rapid and effective communication via media

If you would like to be a member of Voices For Vaccines, a 501(c)(3) not-for-profit public charity (there are no membership fees), please e-mail randall@voicesforvaccines.org.

VACCINE PREVENTABLE DISEASES

Global measles outbreaks threaten U.S.

By: Joel Blostein, M.P.H., Vaccine Preventable Disease Epidemiologist, Michigan Department of Community Health, Division of Immunization

Measles cases and outbreaks in the U.S. this year have been traced to several countries in Europe, and to Israel, Japan, China, and India. With summer being a traditional travel season and the 2008 Summer Olympic Games scheduled for August in Beijing, more opportunities exist for measles virus to be brought into the country.

According to the U.S. Centers for Disease Control and Prevention (CDC), more than 100 cases have been reported among U.S. residents so far this year. Most of these cases can be traced to measles occurring elsewhere in the world, and are the result of ill foreigners visiting the United States or susceptible U.S. travelers picking up the virus abroad and returning to infect others at home. More than 95 percent of the U.S. cases this year have occurred in unvaccinated persons.

In Michigan there have been four cases so far this year, all in the greater Cadillac area. The first case was in an unvaccinated teenager who probably picked it up while traveling. The teen then passed it on to an unvaccinated sibling. Soon after, two more cases occurred in members of their church. Michigan authorities haven't found any more cases, so far.

Initial symptoms are fever, which usually climbs above 101° F, along with coughing, runny nose, and red, teary eyes. After about three days of the initial illness, a characteristic red raised rash appears on the face and moves down to cover the body over the next several days. The rash may eventually become blotchy and may last five or more days. Complications of the illness include pneumonia, ear infections, encephalitis, seizures, and, though rare in the U.S., death.

Additional information for international travelers is posted on the [MDCH website](#).

Revised VPD Investigation Guidelines are posted online

The Vaccine-Preventable Disease Investigation Guidelines were updated earlier this year. They are posted at www.michigan.gov/immunize (scroll down to the Provider Information section).

The guidelines are organized into separate sections by disease and provide guidance for surveillance, reporting, investigation, and public health response. They are primarily designed for local health department workers or public health personnel but may be helpful to other health care providers as well.

Number of Reported Cases of Vaccine Preventable Diseases in Michigan, 2008

(Year-to-date as of 6/30/08)

Disease	Total cases, year-to-date
Chickenpox	1,734
Diphtheria	0
<i>H. influenzae</i> invasive (all ages, all serotypes)	12
Measles	4
Mumps	19
Pertussis	85
Polio	0
Rubella	1
Tetanus	1
Hep. A	76
Hep. B	82

Annual Summaries of Vaccine Preventable Diseases are now posted Online

The [2007 Summary of Vaccine Preventable Diseases Reported in Michigan](#) has now been posted on the MDCH website. In addition to the 2007 Summary, all of the annual summaries for Michigan going back to 1995 are also posted.

Training Opportunities

Physician Peer Education Project on Immunization is Ten Years Old

This spring, the Physician Peer Education Project on Immunization was highlighted at the CDC National Immunization Conference in Atlanta for all the progress providers have made in changing behaviors and increasing immunization knowledge. In the past 10 years, over 17,912 participants have been reached through 615 lectures. Knowledge and behavior changes were studied through a pre- and post-test, quasi-experimental research design and have shown statistically significant behavior differences in five out of six behavior measures. Those behavior changes include: 1) reviewing patients' immunization status at every visit, 2) using an immunization registry to assess the immunization status of every patient, 3) giving all needed vaccines, regardless of the number, 4) giving a VIS with each vaccine, and 5) having an immunization administration form in each patient's chart.

There has been an increased interest in immunization education because there have been multiple changes to immunization recommendations and vaccines. These changes apply to diverse groups and specialties including pediatricians, internists, OB/GYNs, and family practice doctors, creating the need to expand our project.

If you are interested in having a free immunization update for your physician group or medical students, please contact Traci Osterman at 517-353-6674.

Epidemiology and Prevention of Vaccine-Preventable Diseases 2008

This four-part self-study series provides the most current information available in the constantly changing field of immunization. Together, the four sessions offer a comprehensive overview on immunization today. Session ONE discusses principles and general recommendations on vaccination. Sessions TWO, THREE and FOUR discuss specific vaccine-preventable diseases and their respective vaccines. Each of the four sessions is three hours in duration. Continuing Education credits will be provided. This [Epidemiology and Prevention of Vaccine-Preventable Diseases self-study program](#) is offered free of charge in DVD and web-on-demand formats.

Current Issues in Immunization: Archived NetConferences

The PowerPoint presentation and archived webcast are now available for the June 12th netconference entitled "Effectively Addressing Parents Concerns about Immunization." The Netconference features Dr. Kristine Sheedy, Associate Director for Communication Science, CDC speaking on "Why it Takes More than Science to Address Parental Concerns about Vaccines: Confessions of a New Mom," and Patricia Stinchfield, RN, MS, CPNP, Director, Pediatric Infectious Disease & Immunology Infection Control Children's Hospitals and Clinics of Minnesota, discussing how to effectively address parents' concerns about vaccines. [This archived netconference and all previous Current Issues in Immunization NetConferences](#) are available for viewing.

Talking About Vaccine Safety with Parents and Patients: Archived NetConference

In this two-part netconference sponsored by the California Immunization Coalition and the California Distance Learning Health Network, Dr. Mark Sawyer from the San Diego Immunization Partnership and UC San Diego School of Medicine discusses vaccine safety information for parents and patients including effective communication strategies. The website for [Talking about Vaccine Safety with Parents and Patients](#) is available for viewing.

ADDITIONAL RESOURCES

New Printing of Pink Book Now Available

The second printing of the 10th Edition of CDC's immunization textbook, [Epidemiology and Prevention of Vaccine-Preventable Diseases](#), "The Pink Book," has been completed and is now available online. The Pink Book provides comprehensive information about routinely recommended vaccines, vaccine-preventable diseases and much more.

Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns

This book authored by the editor and the science writer for the National Network for Immunization Information (NNii) addresses safety information concerning vaccines. The e-book is currently available online and its hardcopies are also now available. For more information including ordering instructions, please visit <http://www.dovaccinescausethat.com/>.

Are you receiving automatic email updates directly from CDC? If not, why not?

- To receive email updates on vaccine shortages and delays automatically, go to: www.cdc.gov/vaccines/vac-gen/shortages. Double-click on the picture of the mailbox shown in the center of the page. Type your email address on the subscription page and click on “Go.” Email updates on vaccine shortages and delays will be sent to you automatically.
- To receive a free electronic subscription to MMWR (which includes new ACIP statements), go to: <http://www.cdc.gov/mmwr/mmwrsubscribe.html>

Do you currently subscribe to the IAC Express?

More than 25,000 people subscribe to the IAC Express! Are you one of them?
Subscribe to IAC Express at <http://www.immunize.org/subscribe>.

Alliance for Immunization in Michigan (AIM) Online Provider Toolkit

- www.aimtoolkit.org

CDC’s Immunization Works newsletters

- Sign up to receive have this publication on a monthly basis.
- Go to [CDC’s Immunization Works newsletters](#)

ACIP-VFC Vaccine Resolutions

- Sign up to receive automatic email updates!
- Go to: www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm

The MDCH Division of Immunization website: www.michigan.gov/immunize

The Division of Immunization has 4 “shortcut” web addresses:

- Perinatal Hepatitis B Program Manual: www.michigan.gov/hepatitisb
- Flu: www.michigan.gov/flu
- VFC program: michigan.gov/vfc
- Yellow Fever Vaccine and Travel Vaccine: www.michigan.gov/yellowfever

The Michigan Immunization Update newsletter

- The [Michigan Immunization Update newsletter](#) is distributed electronically through an immunization listserv. The current issue and past issues are posted on the Michigan Department of Community Health website at www.michigan.gov/immunize under the Provider Information section.
- **Share your photos and stories with us!** Please email your photos, stories, story ideas, and suggestions and comments to Rosemary Franklin.
- **Contact** Rosemary Franklin at franklinr@michigan.gov or 517-335-9485.